



SUPPLEMENT TO HEALTH PROGRAM FORM INFANT - TODDLER

State Form 45878 (R2 / 7-00) / BCD 0055

IF THIS IS A PROPOSED (*NEW SITE OR NEW OWNER*) FACILITY, YOU MUST SUBMIT AN APPLICATION FOR LICENSURE PRIOR TO SUBMITTING THIS PROGRAM.

Instructions for completion:

Supplemental Health Program forms are to be used by Child Care Centers with children of ages from six weeks to two years (Infant-Toddler) for the purpose of reporting the development of their written health program every two years in compliance with regulations for licensure.

All items in the forms must be carefully studied and completed by the authorities responsible for the development of the health program. A number of attachments, which are identified in the health program forms, are required. The health program will be reviewed to determine compliance with the licensing requirements of 470 IAC 3-4.2.

You must send one (1) original program, one (1) original set of attachments and one (1) copy of the program with one (1) copy of the attachments to the Child Care Health Section, Division of Family and Children, Bureau of Child Development, 402 West Washington St., Room W386, Indianapolis, IN 46204.

If the health program is not in substantial compliance with regulations, both forms and attachments will be returned to the child care center for corrections and resubmittal.

The following forms have been included for your use:

- 1. Recommended Handwashing Procedure*
- 2. Weekly Record of Daily Needs*
- 3. Suggested Feeding Plan*
- 4. Procedure For Skin Care - Diapering*

Return the two (2) programs and two (2) sets of attachments to:

MS02
Child Care Health Section
Bureau of Child Development
Division of Family and Children
302 W. Washington St., Room W386
Indianapolis, IN 46204



**SUPPLEMENTAL HEALTH PROGRAM FOR CHILD CARE
CENTERS PROVIDING INFANT-TODDLER CARE**

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		Date (month, day, year)
Name of child care center		
Location		County
City	ZIP code	Telephone number (with Area Code) ()
Mailing address (if different from above)		
Name of Director		Name of Owner
Number of infants licensed for		Number of toddlers licensed for
Definite and specific arrangements have been made for a physician to provide consultation and help maintain an adequate health program. The medical consultation will be provided by:		
Original Signature of Consulting Physician		Date signed (month, day, year)

470 IAC 3-4.2-6 PROGRAM OF INFANT-TODDLER CARE

1. Yes No In order to assure consistency of care in the child's home and the center, a program of care for each child is planned and written prior to his admission by the director or person in charge of the infant-toddler section in cooperation with the experienced child care worker and the child's parent

Daily activities for infants and toddlers will provide for:

- a. Yes No When awake, infants shall be out of their cribs and engaged in appropriate activity
 b. Yes No Toddlers shall be taken out of doors daily when weather permits

2. Yes No A chart for recording daily information on each child is posted in a conspicuous place in each infant and toddler room

Yes No This chart is kept for at least one month

The type of information recorded on the chart for each child should include the following:

- a. Yes No Medication given
 b. Yes No Time and amount of food and fluid intake
 c. Yes No If still hungry or refusing feeding
 d. Yes No Urine and bowel movements
 e. Yes No Vomiting, diarrhea, constipation
 f. Yes No Sleep/nap record
 g. Yes No Nose bleeds, injuries
 h. Yes No Mood of child
 i. Yes No Skin condition, elevated temperature
 j. Yes No Awake activities

ATTACH A COPY OF THE FORM USED TO RECORD THE DAILY NEEDS CHART

3. Yes No Parents shall be informed of any important information regarding their child on the day of occurrence

PHYSICAL CARE

4. Yes No All soiled bedding and terry cloth washcloths are laundered for 25 minutes in 160° F water
 5. Yes No Handwashing procedures are posted. All child care personnel wash their hands before and after giving feedings, bathing, diapering or changing clothing for infants and toddlers
 6. Yes No Caregivers' outer garment coverings shall be changed when soiled

ATTACH A COPY OF THE HANDWASHING PROCEDURES

PHYSICAL CARE (continued)

7. Yes No An adult caretaker shall be present in an infant or toddler room at all times and child-staff ratios shall be maintained
a. Yes No Even if all infants are asleep
8. Yes No Bed clothing will be changed immediately when wet or soiled, otherwise once a day
9. Yes No A changing table shall include a soft, washable, plastic-covered pad on the sanitizable table and a clean strip of disposable, waterproof paper shall be used to cover the entire pad
a. Yes No The pad is sanitized when it is soiled or at least daily
b. Yes No A fresh, clean strip of waterproof, disposable paper shall be placed over the entire pad after each change
10. Yes No The consulting physician has specified procedures on how to cleanse the child's skin

ATTACH A COPY OF THE SKIN CARE PROCEDURES THAT CONTAIN THE CONSULTING PHYSICIAN'S ORIGINAL SIGNATURE AND DATE

- a. Yes No These are posted by the changing table and easily seen in each infant/toddler room
- b. Yes No Disposable medical gloves are worn if blood is present
- c. Yes No Gloves are to be removed after the skin is cleansed and before the clean diaper is tabbed/pinned
- d. Yes No Soiled diapers are placed in a tightly covered container in a plastic bag, tied tightly and removed from the center at the close of each day
- e. Yes No Cloth diapers laundered by a laundry service or furnished by parents will be kept separate from the other diapers and linens
- f. Yes No Clean diapers are stored in an area inaccessible to children and off the floor
- g. Yes No Clean clothing and soiled clothing are kept in separate, closed containers

470 IAC 3-4.2-7 - HEALTH REQUIREMENTS

11. Yes No Arrangements have been made for each infant and toddler to have a written statement from a physician which includes current information on immunization status and health examination
12. Yes No A current feeding plan is available for each infant
13. Yes No The child shall be excluded if the health requirements are not met

ATTACH A COPY OF THE FORM USED FOR THE FORMULA/FOOD PLAN

470 IAC 3-4.2-5 - ACCIDENTS AND SUDDEN ILLNESS

14. Yes No All staff members who have direct contact with infants and toddlers shall have current first aid training and current knowledge of the treatment for choking, seizure, hemorrhaging, poisoning, artificial respiration and shock
15. Yes No All staff members who have direct contact with infants and toddlers shall have current training in first aid procedures prior to giving care

470 IAC 3-4.2-9 - EQUIPMENT

16. Yes No There will be at least 3 feet between all cribs and cots
17. Yes No Only children under 30 inches tall shall use a portacrib (*see definition of portacrib*)
18. Yes No Only children who are under 35 inches tall shall use a full size crib (*see definition of a full size crib*)
19. Yes No Crib mattresses are firm and securely covered with waterproof material not dangerous to children
20. Yes No Mesh cribs, play pens and bassinets of any type are prohibited for sleeping
21. Yes No All surfaces are easily sanitized
- Yes No Diaper bags brought from home are prohibited in the children's room
22. Yes No All areas, surfaces and items with which infants and toddlers will come in contact will be clean and easily sanitized
23. Yes No All articles which the infant or toddler is given to handle are nontoxic, washable, too large to swallow, without rough edges or sharp corners and sanitized on a regular basis

470 IAC 3-4.2-9 - EQUIPMENT (continued)

24. Yes No There is a rocking chair in the infant room for each caregiver
25. Yes No Floors are cleaned/vacuumed daily when children are not present and shampooed as frequently as necessary to keep it clean

THE ABOVE INFORMATION AND ATTACHMENTS ARE CORRECT, ACCURATE AND SERVE AS A WRITTEN COMMITMENT TO FOLLOW CONTENT AND PRACTICES REFERRED TO WITHIN.

Signature of: (check one) Owner President of Board of Directors Director

Date signed (month, day, year)

HAVE YOU ATTACHED:

1. The skin care procedures that contain the consulting physician's original signature and date.
2. A copy of the handwashing procedures.
3. A copy of the form used to record the child's daily needs.
4. A copy of the form used for formula and other food requirements.



**SUPPLEMENTAL HEALTH CARE PROGRAM FOR CHILD CARE
CENTERS PROVIDING INFANT-TODDLER CARE
SUGGESTED FEEDING PLAN**

State Form 45878 (R2 / 7-00) / BCD 0055

CHILDCARE HEALTH SECTION
BUREAU OF CHILD DEVELOPMENT
DIVISION OF FAMILY AND CHILDREN

INSTRUCTIONS:

Prior to admission, a feeding plan shall be established and written for each infant (age 6 weeks - 12 months) in consultation with the parents and based on the written recommendation of the child's pediatrician or family physician. Feeding plans must be continually updated by physician or parent. [470 IAC 3-4.2-8 (b)]

The following feeding plan has been recommended for this child.

Name of child	Date of birth (month, day, year)
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Age in Months	Time to Feed	Formula / Food Item and Amount	Special Instructions	Signature and Date of Parent or Physician

Signature of physician	Date signed (month, day, year)
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FEEDING PLAN GUIDELINES

INSTRUCTIONS: This is a guideline. Each child will grow at a different rate.

1. Formula and juice may be offered in a training cup when a child is ready.
2. Formula is used until 12 months unless otherwise stated by a physician.
3. Only plain, strained, mashed or chopped vegetables, fruits and meats are offered.
4. Most children are ready for foods of coarser consistency between 9 - 10 months of age. Mashed or chopped table foods may be used.
5. Strained or mashed foods should be introduced at 6 months if the infant's neuromuscular system has developed appropriately. Indications for solid foods are: the ability to swallow non-liquid foods, to sit with support, head and neck control, and to show that the child is full lean back or turn away.
6. Finger foods may be offered between 9 - 12 months when infant is developing finger / hand coordination.

2 MONTHS - 5 MONTHS				
TIME INTERVAL	AMOUNT EACH FEEDING			
	Month 2	Month 3	Month 4	Month 5
6:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
10:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
2:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
6:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
10:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
2:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.

6 MONTHS - 12 MONTHS					
	Month 6	Month 7	Month 8	Month 9	Months 10, 11, and 12
Total Amount of Formula Per 24 Hours	30 - 48 oz.	30 - 32 oz.	29 - 31 oz.	26 - 31 oz.	24 - 32 oz.
7:00 a.m.	5 - 8 oz. formula 2 - 3T baby cereal *	6 oz. formula 2 - 3T baby cereal *	7 - 8 oz. formula 3 - 5T baby cereal *	7 - 8 oz. formula ** 4 - 6T baby cereal * 2 - 4T fruit	6 - 8 oz. formula ** (1 cup) 1/4 - 1/2 baby cereal * 2 - 4T fruit
9:00 a.m.	5 - 8 oz. formula	6 oz. formula	1/2 cup Vit. C fortified fruit juice 1/4 dry toast or 1 cracker	1/2 cup Vit. C fortified fruit juice 1/2 dry toast or 2 crackers	1/2 cup Vit. C fortified fruit juice 1/2 dry toast or 2 crackers
12:00 Noon	5 - 8 oz. formula 1/2 dry toast or 2 crackers	6 oz. formula 2 - 3T strained vegetable	7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit	7 - 8 oz. formula ** 1 - 2T meat 5 - 9T vegetable 2 - 4T fruit	6 - 8 oz. formula ** (1 cup) 2T meat 2 - 6T potato, rice, noodles 5 - 9T vegetable 4 - 6T fruit
3:00 p.m.	5 - 8 oz. formula	6 oz. formula 1/2 dry toast or 2 crackers	7 - 8 oz. formula 1/2 dry toast or 2 crackers	7 - 8 oz. formula ** 1/2 dry toast or 2 crackers	6 - 8 oz. formula ** (1 cup) 1/2 dry toast or 2 crackers
6:00 p.m.	5 - 8 oz. formula 2 - 3T baby cereal *	6 oz. formula 2 - 3T strained fruit 2 - 3T baby cereal *	7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit 2 - 5T baby cereal *	7 - 8 oz. formula ** 5 - 9T vegetable 2 - 4T fruit 1T meat 4T baby cereal *	6 - 8 oz. formula ** (1 cup) 2T meat 2 - 6T potato, rice, noodles 2 - 4T vegetable 2 - 4T fruit
9:00 p.m.	5 - 8 oz. formula	May start sleeping through the night.			

* If dry cereal is used, mix cereal and formula in a bowl. Feed with a spoon.

** Formula may be offered in a training cup.



SUPPLEMENTAL HEALTH PROGRAM FOR CHILD CARE CENTERS PROVIDING INFANT-TODDLER CARE HANDWASHING PROCEDURE

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CHILDCARE HEALTH SECTION
BUREAU OF CHILD DEVELOPMENT
DIVISION OF FAMILY AND CHILDREN

STEPS TO FOLLOW

1. Turn on water and adjust temperature to warm.
2. Wet hands thoroughly with running water.
3. Rinse soap if bar is used, and apply to hands.
4. Wash hands using friction and rotary motions.
5. Rinse hands well under running warm water.
6. Dry hands well with paper towel.
7. Turn off faucet with the paper towel.

KEY POINTS

1. Warm water must run throughout handwashing.
3. Antibacterial soaps may be used to help enhance the effectiveness of the procedure.
4. It is the friction which helps to remove much of the dirt and bacteria that is present.
6. Paper towels must be used.
7. Using a paper towel helps to avoid recontamination of clean hands.

Both children and staff must wash their hands:

1. Before and after eating.
2. After using the toilet.

IN ADDITION, STAFF MUST WASH THEIR HANDS AS FOLLOWS:

1. Before and after feeding a child.
2. Before serving food.
3. Before and after diaper changing.
4. After helping a child use the toilet.
5. After coughing, blowing nose, sneezing.
6. After coming in contact with body fluids.
7. Before and after giving first aid.
8. Before and after giving medication.



**SUPPLEMENTAL HEALTH PROGRAM FOR CHILD CARE
CENTERS PROVIDING INFANT-TODDLER CARE
WEEKLY RECORD OF DAILY NEEDS**

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**CHILDCARE HEALTH SECTION
BUREAU OF CHILD DEVELOPMENT
DIVISION OF FAMILY AND CHILDREN**

COPY TO PARENT or discuss on daily or weekly basis.

Name of child
Special instructions for: (activity)
(other)

	A - ate well R - refused S - spit up V - vomited	Food and Fluids Time and Amount	Urine	B.M.	Awake Activities	Sleep # of Hours & Time	Mood: Happy, Crying, Quiet, Playful, etc.	Other: fever, skin rash, won't eat, still hungry, injury
Monday Staff Sig.								
Tuesday Staff Sig.								
Wednesday Staff Sig.								
Thursday Staff Sig.								
Friday Staff Sig.								



HEALTH CARE PROGRAM FOR CHILD CARE CENTERS PROCEDURE FOR SKIN CARE - DIAPERING

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CHILDCARE HEALTH SECTION
BUREAU OF CHILD DEVELOPMENT
DIVISION OF FAMILY AND CHILDREN

Objective: To cleanse baby's skin after urination and / or bowel movement.

To insure comfort to baby.

To prevent diaper rash.

Equipment: Waterproof paper (*wax paper*) * _____

Soap for cleaning after bowel movement

Paper towel **for drying only**

Diaper

Tightly covered sanitary containers, lined with plastic (*one for soiled diapers and one for washcloths*).

Disposable gloves

Sanitizing solution (*10% bleach solution or its equivalent*).

- Procedure:**
1. Wash hands with soap and warm water and dry with disposable paper towel.
 2. Gather equipment and put on diapering area.
 3. Spread wax paper on changing table. **Cover entire length and width of pad.**
 4. Pick up baby and place on diapering area.
 5. Put on gloves (*If blood is present, medical disposable gloves must be worn.*)
 6. Release diaper.
 7. Using ankle hold to insure safety, remove soiled diaper.
 8. Place soiled diaper on **wax paper** or into plastic bag.
 9. Gently wash baby's bottom with * _____ downward cleansing, and dry with towel. Avoid hard rubbing. Baby's skin is very sensitive.
 - To cleanse girls, spread labia apart gently, wash and dry between skin folds (*cleaning **downward only** - cleaning cloth must not touch vaginal area if it has touched rectal area*).
 - To cleanse boys, merely wash and dry. In uncircumcised boy, **never** attempt to pull back the foreskin.
 - Use soap and rinse well if child had bowel movement.
 10. Remove gloves.
 11. Put diaper on child.
 12. Wash child's hands.
 13. Take child to safe area.
 14. If blood is present, put medical gloves on.
 15. Discard soiled diaper, washcloth and towel, and wax paper into tightly covered sanitary container lined with plastic bag.
 16. Sanitize diaper changing pad and table when soiled at least once a day.
 17. Remove gloves and discard in covered container.
 18. **Wash hands with soap and warm water and dry with disposable paper towel.**
 19. Record on child's record and note any unusual observations such as rash, loose bowel movement, bleeding, etc.
- * **State what you will use for skin cleansing (i.e., disposable wipe, terry washcloth, etc.).**

Signature of physician

Date signed